

<i>SERFF Tracking Number:</i>	<i>AMFA-127987339</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Union Central Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>UC 64349 SCH</i>		
<i>TOI:</i>	<i>A03G Group Annuities - Deferred Variable</i>	<i>Sub-TOI:</i>	<i>A03G.002 Flexible Premium</i>
<i>Product Name:</i>	<i>UC 64349 SCH</i>		
<i>Project Name/Number:</i>	<i>UC 64349 SCH/UC 64349 SCH</i>		

## Filing at a Glance

Company: The Union Central Life Insurance Company

Product Name: UC 64349 SCH SERFF Tr Num: AMFA-127987339 State: Arkansas

TOI: A03G Group Annuities - Deferred Variable SERFF Status: Closed-Approved- Closed State Tr Num:

Sub-TOI: A03G.002 Flexible Premium Co Tr Num: UC 64349 SCH State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Authors: Joanne Friend, Bobbie Cramer Disposition Date: 03/29/2012

Date Submitted: 03/23/2012 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: UC 64349 SCH

Project Number: UC 64349 SCH

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 03/29/2012

State Status Changed: 03/29/2012

Created By: Bobbie Cramer

Corresponding Filing Tracking Number:

Filing Description:

Re: The Union Central Life Insurance Company / NAIC No. 0943-80837 / FEIN No. 31-0472910

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Bobbie Cramer

Submission Form Identification: UC 64349 SCH – Allocated Group Annuity Policy Schedule Page

Designation of Form as Individual or Group Market: Group

To be used with Policy Form Identification No.: UC 64349 – Allocated Group Annuity Policy

Enclosed for your review and approval is policy schedule page UC 64349 SCH which will replace the policy schedule page filed with policy form UC 64349 previously approved by your Department on 08/30/2006, under State Tracking #

SERFF Tracking Number: AMFA-127987339 State: Arkansas  
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USPH&#8722;6RGJSU610

The change in the policy schedule is to show an annual recordkeeping charge which is tiered based on a predetermined schedule which reflects the lower cost of recordkeeping for larger account balances. It also clarifies how the charge is calculated. This new schedule page will be issued to new and existing policyholders.

This form is exempt from any "flesch score" or readability requirements in your statutes or regulations as it is subject to federal jurisdiction and the language contained therein is drafted to conform to the requirements of federal law.

No part of this filing contains any unusual or controversial items from normal company or industry standards.

Since our printers use various fonts and layouts, we reserve the right to format the pages to conform to the printer's requirements. No change in language will occur, only a possible page break or renumbering of a page.

The enclosed submission was filed concurrently with our domiciliary state of Nebraska. If you have any questions or comments regarding this filing, please refer them to me at 1-800-825-1551, extension 52329 or email address bcramer@ameritas.com. Thank you for your consideration of this submission. Be assured it is appreciated.

Sincerely,

Bobbie Cramer  
Senior Contract Analyst

## Company and Contact

### Filing Contact Information

Bobbie Cramer, Senior Contract Analyst      bcramer@ameritas.com  
1876 Waycross Road      800-825-1551 [Phone] 52329 [Ext]  
P O Box 40888      513-595-2918 [FAX]  
Cincinnati, OH 45240

### Filing Company Information

The Union Central Life Insurance Company	CoCode: 80837	State of Domicile: Nebraska
5900 O Street	Group Code: 943	Company Type:
PO Box 81889	Group Name: UNIFI Companies	State ID Number:
Lincoln, NE 68510	FEIN Number: 31-0472910	
(800) 745-1112 ext. [Phone]		

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50/filing  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Union Central Life Insurance Company	\$50.00	03/23/2012	57422210

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	03/29/2012	03/29/2012

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<i>Project Name/Number:</i>	<i>UC 64349 SCH/UC 64349 SCH</i>		

## Disposition

Disposition Date: 03/29/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		No
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Form</b>	Group Retirement Annuity - Schedule Page		Yes

SERFF Tracking Number: AMFA-127987339 State: Arkansas

Filing Company: The Union Central Life Insurance Company State Tracking Number:

Company Tracking Number: UC 64349 SCH

TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium

Product Name: UC 64349 SCH

Project Name/Number: UC 64349 SCH/UC 64349 SCH

## Form Schedule

**Lead Form Number: UC 64349 SCH**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	UC 64349 SCH	Schedule Pages	Group Retirement Annuity - Schedule Page	Initial		0.000	UC 64349 SCH.pdf

## Schedule Page

This *schedule* is part of and subject to the provisions of Allocated Group Annuity

Contract No. [0000]

Contractholder [Trustees of the ABC Company 401 (k) Plan]

### INVESTMENT MANAGEMENT EXPENSES]

[SEPARATE ACCOUNT NAME - .0.0% - .50%]

### INVESTMENT OPTIONS

See attached *application* for selected investment options.

### GUARANTEED INVESTMENT ACCOUNT

At no time will the declared interest for the *guaranteed investment account* be less than [1.5%].

### NET INVESTMENT FACTOR

An expense component is included in the net investment factor of the *separate accounts* as defined in the contract. The applicable expense factor is listed, on a daily (a) and an annual (b) basis, as follows:

Total Assets (including Separate Accounts  
and Guaranteed Investment Account)

	(a)	(b)
[\$0 – 249,999]	[.xxxxxxxxxx]	[x.xxxx]
[\$250,000 – 749,999]	[.xxxxxxxxxx]	[x.xxxx]
[\$750,000 – 1,499,999]	[.xxxxxxxxxx]	[x.xxxx]
[\$1,500,000 – 2,999,999]	[.xxxxxxxxxx]	[x.xxxx]
[\$3,000,000 – 4,999,999]	[.xxxxxxxxxx]	[x.xxxx]
[\$5,000,000 and over]	[.xxxxxxxxxx]	[x.xxxx]

### ANNUAL RECORDKEEPING CHARGE

The rate per participant is based on the average *participant account* balance (and the total assets in the *investment accounts* under contract) as set forth in the chart below. The charge is equal to the rate multiplied by the number of participants.

Average Participant Account Balance	Assets below \$750,000	Assets Over \$750,000
[Under \$10,000	[\$25	[\$15
\$10,000 to \$20,000	\$20	\$0
\$20,000 to \$30,000	\$15	\$0
\$30,000 to \$40,000	\$10	\$0
Over \$40,000]	\$0]	\$0]

Such fee is:

☐ to be paid by the *contractholder* to us, or

☐ to be deducted from the *participant accounts*

### CONTINGENT DEFERRED SALES CHARGE

Years Contract in Force	Percent of Amount Withdrawn
7	[X]%
6	[X]%
5	[X]%
4	[X]%
3	[X]%
2	[X]%
1	[X]%



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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification		
<b>Bypass Reason:</b> n/a - we are only submitting a schedule page which is not required to meet flesch readability requirements.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application		
<b>Comments:</b>		
<b>Attachment:</b> UC 64349-APP.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Life & Annuity - Acturial Memo		
<b>Comments:</b>		
<b>Attachment:</b> UC 64349 - Actuarial memo 3-15-12.pdf		



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## APPLICATION

# ALLOCATED SEPARATE ACCOUNTS GROUP ANNUITY CONTRACT

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### APPLICANT

The Trustee(s) of the [Plan]\_\_\_\_\_ hereby apply [ies] for an Allocated Separate Accounts Group Annuity Contract No.: \_\_\_\_\_

### PLAN INFORMATION

Name of Employer / Plan Sponsor: \_\_\_\_\_

Legal Name of Plan: \_\_\_\_\_

Employer's Tax Identification Number EIN: \_\_\_\_\_

### FUND SELECTION

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Summit EAFE International Index                | <input type="checkbox"/> T. Rowe Price Retirement 2020-Advisor Class      | <input type="checkbox"/> Calvert Social Investment Equity                  |
| <input type="checkbox"/> Summit Nasdaq – 100 Index                      | <input type="checkbox"/> T. Rowe Price Retirement 2030-Advisor Class      | <input type="checkbox"/> Seligman Communications and Information – Class 2 |
| <input type="checkbox"/> Summit Russell 2000 Small Cap Index            | <input type="checkbox"/> T. Rowe Price Retirement 2040-Advisor Class      | <input type="checkbox"/> Union Central Guaranteed Investment Account       |
| <input type="checkbox"/> Summit S & P 500 Index                         | <input type="checkbox"/> Summit Lehman Aggregate Bond Index               |  |
| <input type="checkbox"/> Summit S & P MidCap 400 Index                  | <input type="checkbox"/> MSIF Trust Core Plus Fixed Income-Advisor Class  |  |
| <input type="checkbox"/> American Century Ultra ®                       | <input type="checkbox"/> Summit Bond                                      |  |
| <input type="checkbox"/> Marsico Focus                                  | <input type="checkbox"/> Summit Short-Term Government                     |  |
| <input type="checkbox"/> Neuberger Berman Guardian-Trust Class          | <input type="checkbox"/> Summit Money Market                              |  |
| <input type="checkbox"/> Oppenheimer Main Street/VA                     | <input type="checkbox"/> T. Rowe Price Capital Appreciation-Advisor Class |  |
| <input type="checkbox"/> Summit Everest                                 | <input type="checkbox"/> T. Rowe Price Retirement Income-Advisor Class    |  |
| <input type="checkbox"/> T. Rowe Price Blue Chip Growth – Advisor Class | <input type="checkbox"/> Neuberger Berman Regency-Trust Class             |  |
| <input type="checkbox"/> T. Rowe Price Equity Income-Advisor Class      | <input type="checkbox"/> Pennsylvania Mutual – Service Class              |  |
| <input type="checkbox"/> American Century Value                         | <input type="checkbox"/> AIM Multi-Sector                                 |  |
| <input type="checkbox"/> Royce Total Return – Service Class             | <input type="checkbox"/> Alger American Mid Cap Growth                    |  |
| <input type="checkbox"/> RS Smaller Company Growth                      | <input type="checkbox"/> American Century Heritage                        |  |
| <input type="checkbox"/> FTVIPT Templeton Growth Securities – Class 2   | <input type="checkbox"/> American Century Mid Cap Value                   |  |
| <input type="checkbox"/> Oppenheimer Global Securities/VA               | <input type="checkbox"/> Calvert Income                                   |  |
| <input type="checkbox"/> MSIF U. S. Real Estate–Class B                 | <input type="checkbox"/> Calvert Large Cap Growth                         |  |
| <input type="checkbox"/> Summit High Yield                              | <input type="checkbox"/> Calvert Short Duration Income                    |  |
| <input type="checkbox"/> Summit Balanced Index                          | <input type="checkbox"/> Calvert Social Index                             |  |
| <input type="checkbox"/> T. Rowe Price Retirement 2010-Advisor Class    | <input type="checkbox"/> Calvert Social Investment Equity                 |  |

**DEFAULT FUND:** The DEFAULT FUND will be the [T. Rowe Price Capital Appreciation – Advisor Class] unless otherwise specified in writing, regardless if it is chosen as an investment option. (Please note that the *participants* will have access to this fund as an investment option). Note that the default fund is subject to market fluctuation, as well as any applicable contract charges. As a result, losses are possible in the default fund. If utilizing a corporate unallocated account, please list the dollar amount or percentage along with fund selection.

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This application is being made a part of the said contract, and attaches all the terms and conditions thereto.

\_\_\_\_\_  
Trustee Signature(s)

\_\_\_\_\_  
Soliciting Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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*You* must positively identify the Trustees with a government-issued picture form of identification (I.D.). Examples of acceptable forms are: Driver's License, Passport, Military I.D, Greencard.

Also obtain a copy of the government-issued I.D. and submit it with this application. If *you* are unable to make a copy, the following information must be provided.

\_\_\_\_\_  
Form of Identification

\_\_\_\_\_  
I.D. #

\_\_\_\_\_  
Expiration Date

**Unless specific state language is noted below, the following general fraud notice applies.**

#### **FRAUD NOTICE**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

#### **AR RESIDENTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### **CA RESIDENTS**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud if convicted of such charges in a court of law.

#### **CO RESIDENTS**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### **DC, KY AND PA RESIDENTS**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. The general fraud notice stated above does not apply to DC or Pennsylvania residents.

#### **FL RESIDENTS**

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or any application containing any false, incomplete, or misleading information is guilty of a felony of a third degree.

#### **GA, KS, MD, NE, OR AND WY RESIDENTS**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

#### **LA RESIDENTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### **ME AND TN RESIDENTS**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

#### **NJ RESIDENTS**

Any person who includes any false or misleading information on an application for an insurance policy is subject to civil and criminal penalties.

#### **NM RESIDENTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

#### **OK RESIDENTS**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

#### **TX RESIDENTS**

Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

#### **VA RESIDENTS**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

#### **VT RESIDENTS**

Any person who knowingly, and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information may be subject to criminal or civil penalties.

#### **WA RESIDENTS**

Any person who knowingly presents fake or fraudulent claim for payment of a loss or knowingly makes a fake statement in an application for insurance may be guilty of a criminal offense under state law.